DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

Canc frp: Feb 09
IN REPLY REFER TO

BUMEDNOTE 6120
BUMED-M3C3
10 Mar 2008

BUMED NOTICE 6120

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: FIELD IMPLEMENTATION OF REVISED DD FORMS 2796 AND 2900

Ref: (a) DoD Instruction 6490.03, Deployment Health of 11 Aug 06 (NOTAL)
(b) SECNAVINST 6120.3, Periodic Health Assessment for Individual Medical Readiness

Encl: (1) TBI Screening: Healthcare Provider Guidance for the PDHA and PDHRA Settings
(2) Alcohol Screening: Healthcare Provider Guidance for the PDHA and PDHRA Settings
(3) Traumatic Brain Injury (TBI) Educational Sheet
(4) Drinking Safely Handout

1. Purpose. To provide implementation guidance for the revised DD 2796 (Post-Deployment Health Assessment (PDHA)), DD 2900 (Post-Deployment Health Reassessment (PDHRA)), and provide clinical guidance to healthcare providers who review and assess responses from service members.

2. Scope. Forms are to be used for all personnel who have deployed OCONUS greater than 30 days to a location without a fixed medical treatment facility (MTF) as determined by health risk assessment or as required by the Combatant Commander. Shipboard deployments that do not involve operations ashore are exempt from this requirement.

3. Background

a. References (a) and (b) established policy and procedures to ensure Deployment Health and Individual Medical Readiness of service members of the Navy and Marine Corps Active and Reserve Components is complete. The Services, Joint Staff, and Office of the Assistant Secretary of Defense for Health Affairs collaborated to develop the revised PDHA and PDHRA self-report forms to incorporate updated questions regarding force health protection including the addition of traumatic brain injury screening questions and expansion of the alcohol portion to screen for potential misuse as well as dependence.

b. The Services modified their respective electronic data applications to accommodate the new versions of the forms and the Defense Medical Surveillance System was reconfigured to accept the new data layout. Submission of paper forms to the Defense Medical Surveillance System is no longer authorized per reference (a) except when electronic options are not feasible

and arrangements have been made with Navy and Marine Corps Public Health Center (NMCPHC), formerly Navy Environmental Health Center, point of contacts identified below.

c. Enclosures (1) and (2) provide additional guidance to healthcare providers who review and address service members responses on DD 2796 and DD 2900. Sample educational materials are provided in enclosures (3) and (4). MTFs may develop and use other educational materials as indicated.

4. Action. Effective immediately the revised DD 2796 and DD 2900 shall be used for documentation of PDHA and PDHRA information for service members of the Navy and Marine Corps Active and Reserve components.

a. There is a 60 day implementation period from the date of this BUMED Note during which the previous forms will be accepted.

b. Use of DD 2795, Pre-Deployment Health Assessments, continues without any modification.

5. Forms and Reports. DD 2976 and DD 2900 are available through NMCPHC Deployment Health Homepage at http://www-nmcphc.med.navy.mil/postdep/ or can be accessed directly at https:/www-nmcphc.med.navy.mil/edha.

a. A user name and password are required to gain access to the electronic forms. A passphrase, provided by the local administrator, is required for new users.

b. Activities and units with limited internet connectivity may request a CD with the forms and processing software from Mr. Al-Koshnaw Azad or the NMCPHC Help Desk identified respectively in 6b and 6c below.

6. Points of Contact

a. The PDHRA Program Manager at BUMED is Dr. Frederic D. Glogower, M3C3, at (202) 762-3018, or e-mail: frederic.glogower@med.navy.mil.

b. The NMCPHC point of contact for electronic forms issues is Mr. Azad Al-Koshnaw at (757) 953-0938 / DSN 377-0938 or email at Azad.Al-Koshnaw@med.navy.mil.

c. The NMCPHC Help Desk can be reached at (757) 953-0717 / DSN 377-0717 or email at EDHA@ nmcphc.med.navy.mil.

7. Cancellation Contingency. This note will be cancelled upon revision of reference (b).

A. M. ROBINSON, JR.

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http://navymedicine.med.navy.mil/default.cfm?selTab=Directives

BUMEDNOTE 6120
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TBI SCREENING: GUIDANCE FOR THE PDHA AND PDHRA SETTINGS

The case definition of traumatic brain injury (TBI) involves sustaining an injury event coupled with an alteration in consciousness. Having a concussion does not require endorsement of any symptoms by American Congress Rehabilitative Medicine criteria.

If one or more of the injury events (question 9a, responses 1-5) are endorsed and one or more of the types of alteration of consciousness (AOC) (question 9b, responses 1-3, including losing consciousness or getting knocked out; feeling dazed, confused, or seeing stars; or not remembering the event) are endorsed and a detailed history seems consistent with a concussion, then the individual would be considered to have sustained a TBI.

Answers 4-5 to question 9b seek to identify a possible AOC and the provider should obtain additional history to determine if there may have been any alteration in consciousness, from dazed and confused to having a loss in consciousness, or not remembering the injury (9b 1-3). Recording the details of the injury event in the provider comments section is important and will lay the groundwork for subsequent evaluation.

Generally, the symptoms that occurred immediately after the injury help differentiate mild TBI (mTBI) from an acute stress reaction. Symptoms of headache, dizziness, balance problems, and tinnitus are more common with mTBI, while flushing, tachycardia, anxiety, and depressive symptoms are more common with acute stress reaction.

Anyone who has had the symptoms listed in question 9d, during the last week, may have had a TBI and the symptoms may be residual to that TBI. Still, those who do not presently have symptoms, but answer positive to 9a and 9b 1-3, may have sustained a TBI and are at risk of developing recurrent symptoms. They should also be warned to avoid further head trauma. Individuals may not report symptoms on the DD 2796 because either their circumstances are better out of the combat zone, and/or they do not realize that they are irritable, have memory problems, or are going to continue to have difficulty sleeping. Service members with a history of TBI are also at increased risk of behavioral health sequelae, such as increased risk taking, alcohol misuse, etc.

All who have sustained a TBI (endorsed questions 9a 1-5 and 9b 1-3) should be given an educational handout regardless if they answer positive to 9 C or 9D). Enclosures (3) and (4) provide educational informa and can be modified for the specific clinic. The information sheets emphasize the expectation of recovery and provide simple self-help guidance. Risk communication is extremely important. Service members should be told that civilian literature reports that almost everyone returns to baseline within 1-3 months of injury. Service members with residual symptoms (positive response to 9d 1-7 and had a TBI per 9a/9b) should be referred to a primary care provider for additional evaluation of their symptoms (see ASD/HA guidance, 29 Oct 07, "Clinical Guidelines for Mild Traumatic Brain Injury (mTBI) in Non-Deployed Medical Activities," http://mhs.osd.mil/pdfs/policies/2007). More acute referrals are warranted for possible seizure disorder, syncopal episodes, visual problems, and behavioral health issues.

BUMEDNOTE 6120
10 Mar 2008

ALCOHOL SCREENING: HEALTHCARE PROVIDER GUIDANCE FOR THE PDHA AND PDHRA SETTINGS

The revised DD 2796 and DD 2900 include two general alcohol diagnosis items and three items dealing with drinking behavior itself. These items are listed in the last section of this instruction. The first two items reflect general drinking concerns and the other three are the Alcohol Use Disorders Identification Test, Form C, (AUDIT-C), a well researched alcohol screening measure. The AUDIT-C deals with the topography of drinking (i.e., quantity, frequency and peak intensity of drinking).

What is the AUDIT-C

The AUDIT-C is an alcohol screen that can help identify patients who are hazardous drinkers or have active alcohol use disorders (including alcohol abuse or dependence). The AUDIT-C questions are:

Q#1: How often did you have a drink containing alcohol in the past year?

- Never (0 points)
- Monthly or less (1 point)
- Two to four times a month (2 points)
- Two to three times per week (3 points)
- Four or more times a week (4 points)

Q#2: How many drinks did you have on a typical day when you were drinking in the past year?

- 1 or 2 (0 points)
- 3 or 4 (1 point)
- 5 or 6 (2 points)
- 7 to 9 (3 points)
- 10 or more (4 points)

Q#3: How often did you have six or more drinks on one occasion in the past year?

- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)

The AUDIT-C is scored on a scale of 0-12 (scores of 0 reflect no alcohol use). In men, a score of 4 or more is considered positive; in women, a score of 3 or more is considered positive.

Generally, the higher the AUDIT-C score, the more likely it is that the patient's drinking is affecting his/her health and safety.

Primary attention should be given to the total score on the AUDIT-C and the following activities should be undertaken on this basis:

Males	Females	Provider Action
Below four points	Below three points	Take no further action if service member is male. If female, urge to abstain should she become pregnant.
Four points	Three points	Describe handout. Ask service member to read and consider. Provide handout.
Five or more points	Four or more points	Refer for assessment and intervention.

Approaching the Service Member

In order to maximize the chance of accurately assessing and being effective in attempting to assist with drinking problems, it is important to adopt an approach characterized by interest and empathy. The likelihood of the service member reporting honestly about drinking or seeking treatment if he or she has an alcohol problem is diminished if the provider is perceived as judgmental. The service member should also be assured of confidentiality within the limits set by military policy.

Further Questions

When the service member endorses either of the first two alcohol questions (from CAGE) or the AUDIT-C total score is positive (4+ for males and 3+ for females), the provider may need to clarify whether or not a problem exists by asking the service member additional questions. Good questions include:

--- What type of things do people close to you say about your drinking?
--- Do you worry that you may be drinking too much or have a drinking problem?
--- Have you ever received treatment for an alcohol problem?
--- Has your drinking ever gotten you into trouble?
--- Do any of your close relatives have a problem with alcohol?

The individual's smoking status should also be looked at since individuals who smoke are far more likely to have a drinking problem than those who do not and those who smoke heavily are particularly at risk for a collateral alcohol problem. Review of the service member's

responses to other questions on the form (e.g., items dealing with depression, anxiety, sleep, and relationship problems) should also be reviewed to determine possible relationships with alcohol use.

Handling Reluctance to Seek Alcohol Services

Not surprisingly and, likely due to stigma at least in part, service members may be reluctant to seek care for an alcohol problem. Nevertheless, the provider should make a referral based on his or her clinical judgement. Granted the frequency of heavy episodic drinking, especially in younger adult males in the military, as well as the potentially dire cosequences of heavy drinking, the provider must take the responsibility for referral very seriously. Untreated alcohol problems may also have negative effects on the individual's military career, social relationships, health, etc. If a referral for intervention is needed, it may also be possible to offer the service member some options (e.g., brief intervention through a primary health clinic), thus enhancing the service member's sense of self efficacy and personal commitment to the option he or she has chosen.

In speaking with the service member it is important for the provider to offer clear advice and directly express his or her concern over the problem, to note that these problems are common but can have very serious effects, that there are a range of treatment options now available (e.g., several new medications and various types of behavioral interventions) and that an intervention is most likely to be successful if the alcohol problem is addressed in its earlier stages and before the consequences have become dire.

Avoid the term "alcoholism" by using terms such as "alcohol dependence" or "heavy drinking" or "drinking more than is healthy for you."

Other Issues

Service members who are currently drinking heavily, have in the past had problems with alcohol withdrawal, or have a history of seizures, should be discouraged from totally ceasing drinking until they are under the care of a provider with extensive experience in handling these difficult cases.

In general, a "stepped care" strategy should be taken for remediating alcohol problems. Many individuals who are not dependent on alcohol but are drinking at risky levels will respond adequately to brief interventions stressing techniques to remain within moderate drinking levels. Providers should thus be knowledgable about local referral resources and current Navy policies related to management of alcohol problems. Service members with alcohol problems should also be urged to attend Alcoholics Anonymous or similar groups such as Rational Recovery.

TRAUMATIC BRAIN INJURY (TBI) EDUCATIONAL SHEET

Quick Facts

Traumatic Brain Injury (TBI)

If the head is hit or violently shaken (such as from a blast or explosion), a "concussion" or "closed head injury" can result. Concussion is seldom life threatening, so doctors often use the term "mild" when the person is only dazed or confused or loses consciousness for a short time. However, concussion can result in serious symptoms. People who survive multiple concussions may have more serious problems. People who have had a concussion may say that they are "fine" although their behavior or personality has changed. If you notice such changes in a family member or friend, suggest they seek medical care. Keep in mind that these are common experiences, but may occur more frequently with TBI. If in doubt, ask your doctor.

Common Symptoms of Brain Injury

- Difficulty organizing daily tasks
- Blurred vision or eyes tire easily
- Headaches or ringing in the ears
- Feeling sad, anxious or listless
- Easily irritated or angered
- Feeling tired all the time
- Feeling light-headed or dizzy
- Trouble with memory, attention or concentration
- More sensitive to sounds, lights or distractions
- Impaired decision making or problem solving
- Difficulty inhibiting behavior – impulsive
- Slowed thinking, moving speaking or reading
- Easily confused, feeling easily overwhelmed
- Change in sexual interest or behavior

Recovery Following TBI

Some symptoms may be present immediately; others may appear much later. People experience brain injuries differently. Speed of recovery varies. Most people with mild injuries recover fully, but it can take time. In general, recovery is slower in older persons. People with a previous brain injury may find that it takes longer to recover from their current injury. Some symptoms can last for days, weeks, or longer. Talk to your health care provider about any troubling symptoms or problems. For more information, go to www.pdhealth.mil.

To Promote Healing & Manage Symptoms

Things That Can Help

- Get plenty of rest & sleep
- Increase activity slowly
- Carry a notebook – write things down if you have trouble remembering
- Establish a regular daily routine to structure activities
- Do only one thing at a time if you are easily distracted; turn off the TV or radio while you work
- Check with someone you trust when making decisions

Things That Can Hurt

- Avoid activities that could lead to another brain injury – examples include contact sports, motorcycles, skiing
- Avoid alcohol as it may slow healing of the injury
- Avoid caffeine or "energy-enhancing" products as they may increase symptoms
- Avoid pseudo ephedrine-containing projects as they may increase symptoms – check labels on cough, cold, allergy, and diet medications
- Avoid excessive use of over the counter sleeping aids – they can slow thinking and memory

Post-Traumatic Stress Disorder (PTSD)

PTSD is a condition that develops after someone has experienced a life-threatening situation, such as combat. In PTSD, the event must have involved actual or threatened death or serious injury and caused an emotional reaction involving intense fear, hopelessness, or horror. People with PTSD have three kinds of experiences for weeks or months after the event is over and the individual is in a safe environment.

Re-experience the event over and over again

You can't put it out of your mind no matter how hard you try
You have repeated nightmares about the event
You have vivid memories, almost like it was happening all over again
You have a strong reaction when you encounter reminders, such as a car backfiring

Avoid people, places, or feelings that remind you of the event

You work hard at putting it out of your mind
You feel numb and detached so you don't have to feel anything
You avoid people or places that remind you of the event

Feel "keyed up" or on-edge all the time

You may startle easily
You may be irritable or angry all the time for no apparent reason
You are always looking around, hyper-vigilant of your surroundings
You may have trouble relaxing or getting to sleep

People who have PTSD have experiences from all three of these categories that stay with them most of the time and interfere with their ability to live their life or do their job. If you still are not sure if this is a problem for you, you can take a quick self-assessment through the Mental Health Self Assessment Program at www.militarymentalhealth.org.

Most Service members do not develop PTSD. It also is important to remember that you can experience some PTSD symptoms without having a diagnosis of PTSD. PTSD cases often resolve on their own in the first 3 months, but even without the full diagnosis, if you have symptoms, you can benefit from counseling or therapy.

The good news: PTSD is treatable. You do not need to suffer from the symptoms of PTSD alone. Therapy has proven to be very effective in reducing and even eliminating the symptoms. Medication can also help. Early treatment leads to the best outcomes. So, if you think you or someone in your family may have PTSD, please seek treatment right away.

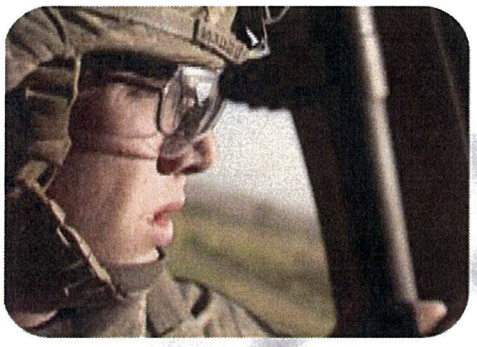
23 April 2007, V07-1

If you or a loved one experiences distress associated with combat trauma, you should make an appointment with your primary care manager. If you need counseling or help locating services, please call Military One Source 24/7 at 1-800-342-9647.

Enclosure (3)

BUMEDNOTE 6120
10 Mar 2008

Office of the Assistant Secretary of Defense for Health Affairs
Force Health Protection and Readiness



Drink SAFELY

Overuse of alcohol causes serious problems with health, fitness, readiness, social relationships, family life, and work performance.

If you are drinking too much, you can improve your life and health by cutting down.

Counting and Measuring Drinks

In the United States, a standard drink contains about 14 grams of pure alcohol (about 0.6 fluid ounces or 1.2 tablespoons). Listed below are U.S. standard drink equivalents. These are approximate since different brands and types of beverages vary in their actual alcohol content.

Beer or Cooler
5% alcohol:
12 oz.

Malt liquor
7% alcohol:
8.5 oz.

Table Wine
12% alcohol:
5 oz.

80-proof spirits
(gin, vodka, whisky, etc.)
40% alcohol:
1.5 oz.

Moderate Drinking Limits

For healthy men up to age 65

- No more than 4 drinks in a day AND no more than 14 drinks in a week.

For healthy women up to age 65 and healthy men over 65

- No more than 3 drinks in a day AND no more than 7 drinks in a week.
- Women who are pregnant should not use alcohol at all due to its possible effects on the developing fetus.

Depending on your health status, your doctor may advise you to drink less than these guidelines or to abstain.

Personal Reasons for Cutting Down or Stopping

There are many reasons why you may want to cut down or stop drinking. You may want to improve your health, sleep more soundly, or get along better with your family or friends. Make a list of the reasons you want to drink less.

For beer, the approximate number of standard drinks in

- 12 oz. = 1
- 16 oz. = 1.3
- 22 oz. = 2
- 40 oz. = 3.3

For malt liquor, the approximate number of standard drinks in

- 12 oz. = 1.5
- 16 oz. = 2
- 22 oz. = 2.5
- 40 oz. = 4.5

For table wine, the approximate number of standard drinks in

- A standard 750-mL (25-oz.) bottle = 5

For 80-proof spirits, or "hard liquor," the approximate number of standard drinks in

- A mixed drink = 1 or more*
- A pint (16 oz.) = 11
- A fifth (25 oz.) = 17
- 1.75 L (59 oz.) = 39

*Note: Due type of spirits and the recipe, a mixed drink can equal from one to three or more standard drinks.

Setting Drinking Goals

Decide on how many days a week you want to drink and how many drinks you'll have on those days. It's a good idea to have some days when you don't drink. Write your drinking goal and put it where you can see it, such as on your refrigerator or bathroom mirror. Your goal might read like this:

My Drinking Goal

I will start on this day _____.

I will not drink more than _____ drinks in 1 day.

I will not drink more than _____ drinks in 1 week.

or I will stop drinking alcohol.

Keeping Track of Your Drinking

Keep track of how much you drink by finding a way that works for you, such as:

- Placing a card in your wallet
- Checking marks on a calendar
- Using a personal digital assistant

If you make note of each drink before you have it, this will help you slow down when needed.

Pacing and Spacing

When you do drink, pace yourself.

- Sip slowly.
- Have no more than one drink with alcohol per hour.
- Alternate "drink spacers" — non-alcoholic drinks such as water, soda, or juice — with drinks containing alcohol.
- Don't drink on an empty stomach: have some food so the alcohol will be absorbed more slowly into your system.

What would you like to do instead of drinking? Use the time and money spent on drinking to do something fun with your family or friends. Go out to eat, see a movie, or play sports or a game.

Avoiding "Triggers"

What triggers your urge to drink?

•If certain people or places make you drink even when you don't want to or to drink more than you should, try to avoid them.

•If certain activities, times of day, or feelings trigger the urge, plan what you'll do instead of drinking.

•If drinking at home is a problem, keep little or no alcohol there.

•If you drink mainly when you are feeling uptight, you could talk with a behavioral health specialist who could train you in tension-reducing strategies.

Planning to Handle Urges to Drink

When an urge hits, try to do one or more of the following:

•Remind yourself of your reasons for changing

•Talk it through with someone you trust

•Get involved with a healthy, distracting activity

•"Urge surf" - instead of fighting the feeling, accept it and ride it out, knowing that it will soon crest like a wave and pass

•Do not drink when you are angry, upset, or having a bad day

These are habits you need to break if you want to drink less.

Social Pressures to Drink

You're likely to be offered a drink at times when you don't care for one. Have a polite, convincing "no, thanks" ready. The faster you can say "No" to these offers, the less likely you are to give in. If you hesitate, it allows time to think of excuses to go along.

About one third of the adults in the US have less than one drink a month. So, it is not that unusual to refuse when people ask you if you would like a drink.

DO NOT GIVE UP!

Most people do not cut down or give up drinking all at once. Just like a diet, change in behavior is not easy. If you do not reach your goal the first time, try again.

Remember to get support from people who care about you and want to help. Do not give up!

How Do You Know If You Are Dependent on Alcohol?

Various tests and interview questions can be used by a health care provider to help determine if you may be physically or psychologically dependent on alcohol.

Dependence on alcohol involves things like:

•Drinking more to get the same effect that you may have gotten earlier with a smaller amount of alcohol

•Feeling physically very uncomfortable if you stop drinking all at once

•Having difficulties controlling the amount that you drink

•Having alcohol use become a major focus of your life style and activities

Alcohol dependence is serious but is very treatable. Treatment is most likely to be successful when alcohol dependence is recognized and treated early.

Additional Tips for Quitting

If you want to quit drinking altogether, the last three strategies above can help. In addition, you may wish to ask for support from people who might be willing to help, such as a spouse or non-drinking friends.

Joining Alcoholics Anonymous or another mutual support group is a way to acquire a network of friends who have found ways to live without alcohol.

If you're dependent on alcohol or are drinking very heavily and decide to stop drinking completely, don't go it alone. Sudden withdrawal from heavy drinking can cause dangerous side effects such as seizures. See a doctor to plan a safe recovery.

More Help

If you are having problems cutting down on drinking or you feel that you may be dependent on alcohol, you should make an appointment with your primary care manager.

If you need counseling or help locating services, please call Military One Source 24/7 at 1-800-342-9647.